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PTO/SB/21 (04-04)

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11

TRANSMITTAL **FORM**

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Total Number of Pages in This Submission

| Application Number | 10/015,355 |
|------------------------|---------------------|
| Filing Date | December 12, 2001 |
| First Named Inventor | Michael D. Hooven |
| Art Unit | 3739 |
| Examiner Name | Rosiland S. Rollins |
| Attorney Docket Number | 0320-0013 |

| ENCLOSURES (check all that apply) | | | | | |
|--|---|--|--|--|--|
| Fee Transmittal Form | Drawing(s) | After Allowance communication to Technology Center (TC) | | | |
| Fee Transmittal Form Fee Attached | Licensing-related Papers | Appeal Communication to Board of Appeals and Interferences | | | |
| Amendment / Reply | Petition | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | | | |
| After Final | Petition to Convert a Provisional Application | Proprietary Information | | | |
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| under 37 CFR 1.52 or 1.53 | | | | | |
| SIGNATU | JRE OF APPLICANT, ATTORNEY, OR AGEN | NT | | | |
| Firm Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd. Renee C. Barthel, Esq. (Reg. No. 48,356) | | | | | |
| Individual name | | | | | |
| Signature Stere C. Barthel | | | | | |
| Date December 29, 2004 | Date December 29, 2004 | | | | |
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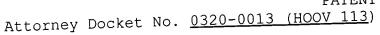
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December 29, 2004 Date

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| Examiner: Rosiland S. Rollins | NAME Renée C. Barthel |
| For: TRANSMURAL ABLATION DEVICE | SIGNATURE Signature Dirifly |

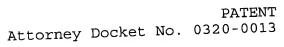
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- Amendment and Response To The Office Action Of September 2. 29, 2004 (9 sheets total);
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| Signature | : / Shu | (1/2ª | yui. |





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Michael D. Hooven

Serial No.: 10/015,355

Filed: December 12, 2001

Group Art No.: 3739

Examiner: Rosiland S. Rollins

For: TRANSMURAL ABLATION DEVICE

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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|)) | NAME Renée C. Barthel |
|) | SIGNATURE LES UC Barthel |

AMENDMENT AND RESPONSE TO OFFICE ACTION OF SEPTEMBER 29, 2004

In response to the Office Action of September 29, 2004, please amend the above-identified application as follows: